COUNTY OF LOS ANGELES
DEPT. OF HEALTH SERVICES
PUBLIC HEALTH
Acute Communicable Disease Control
313 N. Figueroa St., Rm. 212
Los Angeles, CA 90012
213-240-7941

CYSTICERCOSIS
CASE HISTORY FORM

Patient's last name:	First name:	Middle initial:		District:	Census tract:
Address (street and number):				Social Security Number:	
City/Town:				Zip code:	
Home telephone #:	Work telephone #:	Age:	Gender:	Date of birth (MM/DD/YY):	
Date of onset:	Date diagnosed:	Date of death:		Ethnicity (check one): ☐ Hispanic/Latino ☐ Non-Hispanic/Latino	
Patient's occupation / Setting (If SOS, give details): ☐ Food service ☐ Health care ☐ Day care / Child care ☐ Other				Race (check one): ☐ African American / Black ☐ Native American / Alaskan Native ☐ White ☐ Asian / Pacific Islander (check one) ☐ Asian-Indian ☐ Japanese ☐ Cambodian ☐ Filipino ☐ Guamanian ☐ Vietnamese ☐ Korean ☐ Chinese ☐ Samoan ☐ Hawaiian ☐ Other Asian _____ ☐ Other	
Patient's country of birth:	Year of migration (if immigrant):	Patient's sexual preference: ☐ Female ☐ Male ☐ Both ☐ N/A			
Primary physician:		Telephone number:			
Number of hospitalizations (total):	Has the case been investigated already? ☐ No ☐ Yes ➜ When? _____				
Hospital name (most recent only):	Date of admission:				

SYMPTOMS (mark all that apply):

	Date of Onset:
☐ Seizures	_____
☐ Meningitis	_____
☐ Cranial nerve palsy	_____
☐ Psychiatric / Dementia	_____
☐ Eye disorder	_____
☐ Increased intracranial pressure or hydrocephalus)	_____
☐ Stroke	_____
☐ Headaches	_____
☐ Subcutaneous lesion	_____
☐ Bone lesion	_____
☐ Other: _____	_____

CT or MRI scan (date & result):

Serologic test (date & result):

Biopsy (tissue, date & result):

Stool O&P (number of tests & results):

If the patient has ever traveled or resided outside of the United States, list places and year of travel.

Which of the following medications did the case receive during the most recent episode of illness.

ANTIPARASITIC DRUGS:
☐ Praziquantel (*Biltricide*)
☐ Albendazole (*Albenza*)
☐ None

OTHER MEDICATIONS:
☐ Any anticonvulsant
☐ Steroids
☐ Surgery

NOTE: Patients treated with **praziquantel** or **albendazole** are cured of tapeworm infection, so O&P examination is not required. Otherwise, **all cases must be screened** for stool parasites with O&P 3 times after first diagnosis. If PMD has not screened the patient, **it is Public Health's responsibility to do so**.

Use the CONTACT WORKSHEET to track results of stool tests on all household members and on other close contacts, including domestic help and others who routinely prepared food for the index case. Return this investigation form to the Registrar immediately upon completion of the case interview; do **not** wait for completion of the Contact Worksheet. Do not send the Contact Worksheet to Morbidity.

Date investigation opened: Date closed: Investigator's name and title: Signature: